

12/29/00
 Jc985 U.S. PTO

PATENT APPLICATION
 Attorney's Do. No. 5038-49
 Intel #P8761

Jc654 U.S. PTO
 09/753361
 12/29/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT: DECEMBER 29, 2000

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

EHREN RHEA

(SENDER'S PRINTED NAME)

(SIGNATURE)

Box Patent Application
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors: Roland MORLEY; Robert SUNDAHL; Dan SELIGSON

For: FLAT PANEL COLOR DISPLAY WITH ENHANCED BRIGHTNESS AND PREFERENTIAL VIEWING ANGLES

[If continuing application] This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No. _____, filed _____.

Enclosures:

[X] Specification (pages 1-7); claims (pages 8-10); abstract (page 11)

[X] 4 (four) sheets of drawings

[X] Unsigned Declaration or Combined Declaration and Power of Attorney

[] Newly executed (original or copy)

[] Copy from a prior application (37 CFR 1.63(d))

[] Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

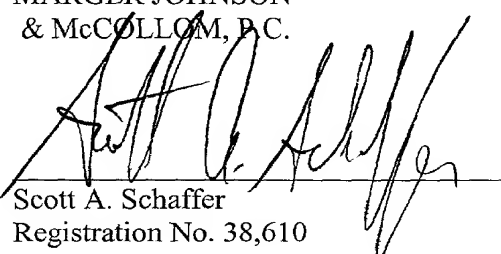
- ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Power of Attorney
- ☐ Assignment with cover sheet
- ☐ Certified copy of priority document:
- ☐ Information Disclosure Statement with Form PTO 1449
- ☐ Copies of references listed on attached Form PTO-1449
- ☐ Preliminary Amendment
- ☐ Change of Address

| <u>CLAIMS AS FILED</u> | | | | |
|------------------------------|-----------------|-----------------|-----------|-----------------------|
| For | Number Filed | Number Extra | Rate | Basic Fee \$690.00 |
| Total Claims | 19-20 | 0 | x \$ 18 = | 0.00 |
| Independent Claims | 3-3 | 1 | x \$ 78 = | 0.00 |
| Multiple Dependent Claim Fee | | | x \$260 = | 0.00 |
| TOTAL FILING FEE | | | | \$690.00 |

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON
& McCOLLOM, P.C.


Scott A. Schaffer
Registration No. 38,610

MARGER JOHNSON
& McCOLLOM, P.C.
1030 S.W. Morrison Street
Portland, OR 97205
(503) 222-3613